

## **Application Data Sheet**

## **Application Information**

Application	number::	10/706,275

Filing Date:: 11/13/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Vaccine

Attorney Docket Number:: 021989-000710US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

**Total Drawing Sheets::** 

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: George

Middle Name:: H.

Family Name:: Lowell

Name Suffix::

City of Residence:: Montreal, Quebec

State or Province of Residence::

Country of Residence:: Canada

Street of Mailing Address:: 185 Eaton Crescent

City of Mailing Address:: Montreal, Quebec

State or Province of mailing address::

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H3X 3K4

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Gregory

Middle Name:: L.

Family Name:: White

Name Suffix::

City of Residence:: Beaconsfield, Quebec

State or Province of Residence::

Country of Residence:: Canada

Street of Mailing Address:: 475 Coronet Avenue

City of Mailing Address:: Beaconsfield, Quebec

State or Province of mailing address::

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H91 1Z8

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Michael

Middle Name:: R.

Family Name:: Batzloff

Name Suffix::

City of Residence:: Coopers Plains, Queensland

State or Province of Residence::

Country of Residence:: Australia

Street of Mailing Address:: 4 Atkins Close

City of Mailing Address:: Coopers Plains, Queensland

State or Province of mailing address::

Country of mailing address:: Australia

Postal or Zip Code of mailing address:: 4108

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: David

Middle Name:: S.

Family Name:: Burt

Name Suffix::

City of Residence:: Dollard Des Ormeaux, Quebec

State or Province of Residence::

Country of Residence:: Canada

Street of Mailing Address:: 23 Lesage Road

City of Mailing Address:: Dollard Des Ormeaux, Quebec

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State or Province of mailing address::

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H3X 3KA

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Tomas

Middle Name:: B.

Family Name:: Leanderson

Name Suffix::

City of Residence:: Malmo

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Salongsgatan 16B

City of Mailing Address:: Malmo

State or Province of mailing address::

Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: SE-211 16

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Michael

Middle Name:: F.

Family Name:: Good

Name Suffix::

City of Residence:: The Gap, Queensland

State or Province of Residence::

Country of Residence:: Australia

Street of Mailing Address:: 46 Weemala Street,

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City of Mailing Address::

The Gap, Queensland

State or Province of mailing address::

Country of mailing address::

Australia

Postal or Zip Code of mailing address:: 4061

**Correspondence Information** 

Correspondence Customer Number::

20350

**Representative Information** 

Representative Designation::

Representative Number::

Representative Name::

Primary

29,684

Karen B. Dow

**Domestic Priority Information** 

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

**Foreign Priority Information** 

Country::

Application number::

Filing Date::

**Assignee Information** 

Assignee Name::

**ID Biomedical Corporation of Quebec** 

Street of mailing address::

7150 Frederick Banding #200

City of mailing address::

Ville St. Laurent

State or Province of mailing address::

Quebec

Country of mailing address::

Canada

Postal or Zip Code of mailing address:: PQC H45 2A1

Assignee Name::

The Council of the Queensland Institute of Medical

Research

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Street of mailing address:: Bancroft Center, 300 Herston Road

City of mailing address:: Herston

State or Province of mailing address:: Queensland

Country of mailing address:: Australia

Postal or Zip Code of mailing address:: 4006